

**Billing Code: 4163-18-P**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Building and Strengthening the Republic of Haiti's National**

**Plan for the Prevention and Treatment of HIV/AIDS,**

**Including Support for the Coordination of a National**

**HIV/AIDS Service-Delivery Protocol and New HIV/AIDS**

**Training Initiatives as Part of the President's Emergency**

**Plan for AIDS Relief**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-AA213

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

**Application Deadline:** September 12, 2005

## **I. Funding Opportunity Description**

**Authority:** This program is authorized under Sections 301(a) and 307 of the Public Health Service Act [42 U.S.C. Sections 241 and 2421], as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address:  
<http://www.state.gov/s/gac/rl/or/c11652.htm>

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Haiti are to treat at least 25,000 HIV-infected individuals and care for 125,000 HIV-affected individuals, including orphans.

**Executive Summary:**

As Part of the President's Emergency Plan for AIDS Relief, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (HHS/CDC), hereby requests an application from Haiti's public sector for a five-year Cooperative Agreement to

promote, strengthen and expand comprehensive treatment, care and support for people living with HIV/AIDS (PLWHA) and those at high-risk of infection with HIV. The program aims to strengthen the capacity and quality of existing screening and treatment in Haiti. By building clinical capacity for the screening of sexually transmitted infections (STI), increasing access to confidential voluntary counseling and testing (VCT), and providing referrals to anti-retroviral (ARV) treatment facilities for people infected with HIV.

Through this Request for Applications (RFA) HHS/CDC intends to provide up to \$2,324,000 every 12 months over a total funding period of five years. Awards are subject to availability of funds through the President's Emergency Plan.

**Purpose:** The purpose of this Cooperative Agreement is to provide a funding mechanism for joint activities between HHS and the Haitian Ministry of Health-Ministère de la Santé Publique et de la Population (MSPP) in the area of HIV/AIDS prevention, care and treatment. Joint activities during the project period will focus on strengthening the MSPP's capacity to lead, coordinate and oversee the

monitoring and evaluation (M&E) of HIV/AIDS-related health activities, including diagnostic laboratories and programs such as confidential VCT, prevention of mother-to-child transmission (PMTCT), and other care and treatment interventions. These goals will be accomplished through collaboration between the MSPP, HHS/CDC Haiti and its local and international partners. Collaborative activities between HHS/CDC and the MSPP are intended to produce measurable improvements in the delivery of public-sector HIV/AIDS services in Haiti under the President's Emergency Plan for AIDS Relief.

An essential element of preventing new cases of HIV infection in Haiti is to ensure as much of the population as possible has adequate access to screening, treatment, and care facilities. Haiti's HIV prevalence rate in adults is estimated at between 3.1 and 5.6 percent according to the MSPP and the *2004 Annual Report* of the Joint United Nations Programme on HIV and AIDS (UNAIDS), respectively. Access to prevention and treatment is limited among the Haitian population because of an underdeveloped public health infrastructure and a lack of clinical capacity.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, HHS works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

HHS focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.
- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care and treatment of opportunistic infections, including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART).
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STD/TB surveillance programs

and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV screening for blood safety.

Measurable outcomes of the program will be in alignment with the numerical goals of the President's Emergency Plan for AIDS Relief and with one (or more) of the following performance goal(s) for National Center for HIV, STD and TB Prevention (NCHSTP) of HHS/CDC: increase the proportion of HIV-infected people who are linked to appropriate prevention, care and treatment services and to strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs.

This announcement is only for non-research activities supported by HHS, including CDC. If an applicant proposes research activities, HHS will not review the application. For the definition of "research," please see the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

**Activities:**

The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in Haiti. Either the awardee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The awardee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005-2008 inclusive) that reflects the policies and goals outlined in the five-year strategy for the President's Emergency Plan.

The grantee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in Haiti will review as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process managed by the

Office of the U.S. Global AIDS Coordinator. The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process.

Awardee activities for this program are as follows:

1. Strengthen and expand public programs dedicated to the prevention, treatment and care of people at risk of HIV infection and PLWHA. This should include a national plan as well as regional and local guidelines to increase the coordinating authority of provincial departments and encourage participation by civil society groups, including faith-based organizations.
2. Build the professional and technical capacity of public-sector program managers and regulatory authorities. This will include training for staff in the design, validation and enforcement of regulatory mechanisms, policies,



- regulations and procedures. It will also build these managers' capacity to administer grants and contracts.
3. Implement quality-assurance (QA)/quality-control (QC) mechanisms to ensure the efficient provision of prevention, treatment and care to target populations.
  4. Strengthen and expand laboratory infrastructure and capacity, including QA/QC mechanisms and supervision by the Haitian national reference laboratory.
  5. Design and implement a national Strategic Information System for HIV/AIDS and other related diseases. This national database will reinforce existing M&E and surveillance mechanisms, and will compete with strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
  6. Build human capacity through the recruitment and training of allied health care professionals, including community health workers. This will include pre-service and residency training for health professionals.

Based on its competitive advantage and proven field experience, the winning applicant will undertake a broad range of activities to meet the numerical Emergency Plan targets outlined in this announcement.

## **Administration**

The awardee must comply with all HHS management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, HHS/CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. HHS/CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and approve the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational

Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.

3. Review and approve grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and approve grantee's monitoring and evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with grantee to assess monthly expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements.
10. Collaborate with the MSPP and partners to improve the collection and management of national HIV surveillance and other data.
11. Provide equipment to conduct program activities and build a national surveillance database.
12. Provide technical support for the surveillance database system.
13. Provide and install information technology (IT) hardware for the surveillance database system.
14. Utilize data from the surveillance system to provide technical assistance with operational research activities performed by the MSPP.

15. Assist in organizing regional meetings in the Caribbean to reporting epidemiological trends. (Such assistance will not include financing.)
16. Provide technical assistance to support development of an epidemiological bulletin.
17. Provide laboratory consultants for pediatric diagnostics and general laboratory coordination.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

## **II. Award Information**

**Type of Award:** Cooperative Agreement.

HHS's involvement in this program is listed in the Activities Section above.

**Fiscal Year Funds:** FY 2005

**Approximate Total Funding for five years:** \$11,620,000 (This amount is an estimate, and is subject to availability of funds.)

**Approximate Number of Awards:** One

**Approximate Average Award:** \$2,324,000 (This amount is for the first 12-month budget period, and includes direct costs).

**Floor of Award Range:** \$2,324,000

**Ceiling of Award Range:** \$2,324,000

**Anticipated Award Date:** September 15, 2005

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, HHS' commitment to the continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government, through the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

### **III. Eligibility Information**

#### **III.1. Eligible applicants**

This is a single eligibility request for application (RFA) from the Haitian MSPP. No other applicants are solicited.

The national public health system in Haiti, directly managed by the Haitian Ministry of Health, remains the primary source of care for the majority of the Haitian population. The MSPP is responsible for the National Strategic Plan for HIV/AIDS in Haiti, including updating the national protocols for care and treatment and as well as providing national coordination of HIV/AIDS service delivery and training.

It would be inefficient and unsustainable to develop a parallel system outside of the public health system to provide prevention, treatment, and other service delivery solely for HIV/AIDS.

### **III.2. Cost-Sharing or Matching Funds**

Matching funds are not required for this program.

### **III.3. Other**

If applicants request a funding amount greater than the ceiling of the award range, HHS/CDC will consider the application non-responsive, and it will not enter into the review process. We will notify you that your application did not meet the submission requirements.

**Special Requirements:**

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process. We will notify you that your application did not meet submission requirements.

- HHS/CDC will consider late applications non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

**IV. Application and Submission Information****IV.1. Address to Request Application Package**

To apply for this funding opportunity use application form PHS 5161-1.

HHS strongly encourages you to submit your application electronically by using the forms and instructions posted for this announcement at [www.grants.gov](http://www.grants.gov).



Application forms and instructions are available on the HHS/CDC web site, at the following Internet address:  
[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700. We can mail application forms to you.

#### **IV.2. Content and Form of Submission**

**Application:** You must submit a project narrative with your application forms. You must submit the narrative in the following format:

- Maximum number of pages: 30. If your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point unreduced.
- Double-spaced
- Paper size: 8.5 by 11 inches.
- Page margin size: One inch.
- Number all pages of the application sequentially from page 1 (Application Face Page) to the end of the

application, including charts, figures, tables, and appendices.

- Printed only on one side of the page.
- Held together only by rubber bands or metal clips; not bound in any other way.
- Submitted in English.

Your narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

EXECUTIVE SUMMARY: Provide a clear and concise summary of the proposed goals, major objectives and activities required to achieve the program goals and justify the amount of funding requested for the first budget year of this cooperative agreement.

#### 1. NEED

Describe Haiti's need for the activities described.

Include any data on STI and HIV prevalence rates in Haiti.

#### 2. CAPACITY

- 2.1. Describe the current capability and capacity of the organization to perform the activities described in this RFA.

### 3. STRENGTHEN HIV/AIDS SERVICE DELIVERY

3.1. The recipient will facilitate the creation of a network of comprehensive care providers for HIV patients, including confidential VCT, PMTCT, basic HIV care, ARV distribution, TB/HIV, and STI management. In the public sites that are part of this network, the recipient will carry out the following activities:

- 3.1.1. Perform minor renovation of selected sites.
- 3.1.2. Staff selected sites: extra hours for existing personnel and remuneration for individual contractors.
- 3.1.3. Identify training needs at each site.
- 3.1.4. Provide in-service training of staff.
- 3.1.5. Store and manage distribution of drugs, which the grantee must acquire in a transparent and competitive process.
- 3.1.6. Provide institutional assistance for PLWHA, (e.g., social workers and on-site support groups).
- 3.1.7. Support for patient adherence to ARV regimens.
- 3.1.8. Support stipends for community health workers.

#### 4. PROGRAM MANAGEMENT

4.1. Establish standard procedures and adhere to regulations.

4.1.1. Recipient will create mechanisms to regularly distribute updated standards of care to all service providers, including new information on confidentiality, compliance, and referrals.

4.2. Map services.

4.2.1. The recipient will update the service map annually and provide guidelines on new areas to be targeted for service development.

4.3. Provide for center accreditation.

4.3.1. Recipient will create a mechanism for accrediting public and private providers that offer HIV/AIDS prevention, care and treatment. The recipient will set up criteria and acquire the capacity to verify accreditation. Providers will receive accreditation after their application and supporting documents have been verified as meeting the compliance criteria.

4.4. Provide training certification.

4.4.1. The recipient will put in place a mechanism to certify training programs. This will require the recipient to contact training institutions, analyze and standardize their curricula as needed, and establish a mechanism to evaluate trainees.

5. PROJECT AND CONTRACT ADMINISTRATION

5.1. Establish an executing unit.

5.1.1. The recipient will create an executing unit with dedicated staff at the central level to manage its cooperative agreement with HHS/CDC. This executing unit will support the Ministry's functional units, which will be responsible for program execution. This support will include technical assistance on the disbursement, competitive procurement and management of sub-contracts; and financial reporting. The executing unit will produce and distribute an operations manual to all Ministry of Health (MOH) functional units to facilitate and standardize their work. The Ministry is responsible for staffing of the executing unit.

5.2. Reinforce managerial capacity at the departmental level.

5.2.1. The recipient will ensure that the departments are adequately equipped and staffed to execute and manage competitively awarded, performance-based contracts, including service contracts.

5.3. Manage grant funds.

5.3.1. The recipient will support departmental managers to promote and manage small grants in selected directorates. These grants will support civil-society initiatives, including faith-based institutions. Support from the cooperative agreement recipient will include establishing and/or building:

5.3.1.1. A menu of eligible activities.

5.3.1.2. Guidelines for grant applicants.

5.3.1.3. A transparent and competitive selection process.

5.3.1.4. Financial and accounting support systems.

5.3.1.5. Departmental staff capacity through supervision and training.

5.4. Provide technical oversight of programs.

5.4.1. The recipient will strengthen or establish structures and mechanisms at the departmental and central level to ensure technical leadership and oversight for each program area, including PMTCT, and clinical care, to populations engaged in high-risk behaviors<sup>1</sup>, orphans and vulnerable children (OVC); and behavior-change communication (BCC). These mechanisms and structures shall include:

5.4.1.1. Establishing technical leaders in each program at the central and departmental level. This can be existing employees or new hires.

5.4.1.2. Generating a national operation plan and operational guidelines for program areas.

5.4.1.3. Creating workshops and forums in the capital and the regions to facilitate information-sharing and staff training.

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<sup>1</sup> Behaviors that increase risk for HIV transmission including engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home.

5.4.1.4. Conducting supervised field visits to  
monitor and evaluate programs and staff.

## 6. STRATEGIC INFORMATION

### 6.1. Monitor HIV/AIDS and TB/HIV care.

6.1.1. The recipient will establish a national, facility-based reporting system to monitor confidential VCT, PMTCT, and clinical care interventions. The recipient will also establish second system for non-facility-based interventions, including BCC and programs for OVC. To achieve these goals, the recipient will perform the following activities:

6.1.1.1. Maintain an M&E cluster.

6.1.1.2. Build consensus and validate a national M&E plan that conforms to strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.

6.1.1.3. Validate indicators for specific interventions.

6.1.1.4. Design, modify, improve and maintain data-collection tools and reports, and disseminate instruments produced by this data-collection system.



- 6.1.1.5. Process and analyze data collected by the above system.
- 6.1.1.6. Support central and departmental M&E units to assure oversight of data-processing and analysis.
- 6.2. Conduct epidemiological surveillance for HIV/AIDS, STI and HIV/TB.
  - 6.2.1. The recipient will participate in all surveillance activities, including antenatal clinic surveys (ANC), Behavior Surveillance Systems (BSS), Development Health Surveys (DHS), as well as case notification. In doing so, the recipient will conduct and coordinate the following activities:
    - 6.2.1.1. Surveys - Coordinate the development and validation of survey protocols. Manage requests for site participation in surveys. Oversee field operations. Participate in data analysis and facilitate the distribution of results.
    - 6.2.1.2. National case-notification system - Require site participation. Produce and distribute a standardized case-notification report. Strengthen regional

capacity to maintain the case-notification system. Participate in data analysis.

6.2.1.3. Health Management Information System -

The recipient will provide material and personnel support to meet the objectives.

6.2.1.4. National Database - Create and maintain

a repository of information. This information system will provide users with consistent and systematic access to information relevant to patient care, facility and program management, and will maintain the integrity and confidentiality of any information related to individual patients.

6.2.1.5. Publish Reports - Publish regular

reports in local languages of aggregate national data, as well as a local-language quarterly epidemiological bulletin.

6.3. Provide IT infrastructure at the central and departmental level. This will include, but not be limited to, computer hardware and satellite

communications equipment, acquired through a transparent and competitive process.

6.4. Provide informatics support. The recipient shall ensure the following tasks are completed to support the IT infrastructure described above:

6.4.1. Train in-house maintenance staff.

6.4.2. Develop a maintenance contract for the IT backbone and award such a contract through a transparent and competitive process.

6.4.3. Develop IT protocols, policies and procedures.

6.4.4. Provide informatics training for relevant staff at the central, departmental and local levels.

6.4.5. Develop web sites to facilitate communication and the distribution of materials among key participants and other stakeholders.

## 7. LABORATORY INFRASTRUCTURE

7.1. The recipient will enhance Haiti's public laboratory infrastructure to meet the diagnostic and surveillance testing needs outlined elsewhere in this cooperative agreement. Development of this laboratory infrastructure will include, but not be limited to, the following activities:

- 7.1.1. Identify existing laboratory facilities and an inventory of available equipment, staff and consumable materials (e.g., reagents).
- 7.1.2. Renovate existing laboratory facilities and provide upgraded diagnostic equipment and associated materials, including computers and communications equipment consistent with the national Strategic Information plan described previously in Section 5.
- 7.1.3. Renovate new laboratory facilities where needed (with associated equipment).
- 7.1.4. Develop standardized national laboratory protocols, policies and procedures based on international norms for safe laboratory operations.
- 7.1.5. Develop a standardized training curriculum for laboratory technicians, and develop appropriate training courses in local languages to reinforce updated norms and protocols. Such a program will emphasize adopting national norms and protocols for laboratory safety, HIV/AIDS diagnostic techniques and practices, and laboratory

surveillance activities (e.g., CD4 counts) to support patients on ARV therapy.

7.1.6. Provide training in local languages for all current laboratory personnel, and recruit and train new, local personnel.

## 8. HUMAN RESOURCE DEVELOPMENT

8.1. Teaching hospitals - The recipient will ensure all Haitian teaching hospitals have a structured training program in local languages on HIV/AIDS for all interns, residents and attendants. To this end, the recipient shall carry out the following activities:

8.1.1. Adapting and distributing a relevant HIV/AIDS training curriculum in local languages.

8.1.2. Training trainers and instructors, in local languages.

8.1.3. Remodeling and equipping facilities to accommodate HIV/AIDS care.

8.1.4. Training technical and support staff, in local languages.

8.1.5. Providing training and demonstration materials to participating teaching hospitals.

8.2. Regional Centers of Excellence - The recipient will ensure departmental hospitals in Haiti become

regional centers of excellence with the capacity to provide training in confidential HIV/AIDS counseling and rapid testing, basic clinical care, ARV distribution and laboratory monitoring. To this end, the recipient will carry out the following activities:

- 8.2.1. Renovating and providing equipment to training facilities, acquired through a transparent and competitive process.
- 8.2.2. Strengthening technical and support staff through training, in local languages.
- 8.2.3. Providing equipment and technical advice necessary to upgrade hospital care; the recipient will acquire all such equipment and consulting services, if applicable, in a transparent and competitive process.
- 8.2.4. Training trainers and instructors.
- 8.2.5. Providing training and demonstration equipment and materials.
- 8.2.6. Provision and payment of stipends for trainees.

8.3. Fellowship programs - The recipient will establish a fellowship program in epidemiology in Haiti to ensure the continuous preparation of

epidemiologists to work in the systems described above. Accomplishing this task will require the following:

8.3.1. Adapting and distributing a relevant curriculum in local languages in epidemiology and surveillance.

8.3.2. Selecting candidates in a transparent and competitive process.

8.3.3. Remodeling the venue selected to host the program, as necessary.

8.3.4. Preparing an appropriate site for residency training.

8.3.5. Providing and paying stipends to trainees.

8.4. Degree Program. The recipient will collaborate with an accredited Haitian institution of higher education to create an advanced degree program in epidemiology. The development of an accredited degree program will require:

8.4.1. Identifying one or more accredited universities in Haiti that has an existing, accredited medical/health education program.

8.4.2. Adapting and distributing a relevant curriculum in local languages in advanced epidemiology and surveillance.

- 8.4.3. Developing competitive eligibility criteria for candidates who seek admission to the degree program.
- 8.4.4. Selecting qualified candidates in a transparent and competitive process.
- 8.4.5. Remodeling classrooms, laboratories or lecture halls at the universities selected to host the program, as necessary. The recipient will select the contractor(s) to perform such renovations in a transparent and competitive process.
- 8.4.6. Preparing appropriate sites for residency training.
- 8.4.7. Providing and paying stipends to trainees.

## 9. MONITORING AND EVALUATION

9.1. M&E Certificate Course Development - To accomplish this task, the recipient will accomplish the following:

- 9.1.1. Identify and adapt a relevant curriculum.
- 9.1.2. Select candidates for the training in a transparent and competitive process.
- 9.1.3. Identify a site to host the training program.
- 9.1.4. Prepare sites for residency training.
- 9.1.5. Manage and disperse stipends to trainees.



You may include additional information in the application appendices. The appendices will not count toward the narrative page limit. This additional information includes the following:

- Project and Budget Justification.
- *Curricula Vitas* or Résumés of current staff who will work on the activity.
- Organizational Charts.
- Letters of Support.

The budget justification will not count in the narrative page limit.

Although the narrative addresses activities for the entire project, the applicant should provide a detailed budget only for the first year of activities, while addressing budgetary plans for subsequent years.

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is

easy, and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the HHS/CDC web site at:

<http://www.cdc.gov/od/pgo/funding/pubcommt.htm>

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with your application are listed in section "VI.2. Administrative and National Policy Requirements."

#### **IV.3. Submission Dates and Times**

**Application Deadline Date:** September 12, 2005

**Explanation of Deadlines:** Applications must be received in the HHS/CDC Procurement and Grants Office by 4:00 p.m.

**Eastern Time on the deadline date.**

You may submit your application electronically at [www.grants.gov](http://www.grants.gov). We consider applications completed online

through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). We will consider electronic applications as having met the deadline if the applicant organization's Authorizing Official has submitted the application electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically with Grants.gov, your application will be electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure the carrier will be able to guarantee delivery by the closing date and time. If HHS/CDC receives your submission after closing because: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will have the opportunity to submit documentation of the carrier's guarantee. If the

documentation verifies a carrier problem, HHS/CDC will consider the submission as received by the deadline.

If you submit a hard copy application, HHS/CDC will not notify you upon receipt of your submission. If you have a question about the receipt of your application, first contact your courier. If you still have a question, contact the PGO-TIM staff at: 770-488-2700. Before calling, please wait two to three days after the submission deadline. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions.

If your submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify you that you did not meet the submission requirements.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding Restrictions**

Restrictions, which you must take into account while writing the budget, are as follows:

- Funds may not be used for research.
- Reimbursement of pre-award costs is not allowed.
- Funds may not be used for construction.
- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives; however, prior approval by HHS/CDC officials must be requested in writing.
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United

States or to international organizations, regardless of their location.

- The applicant may contract with other organizations under this program; however, the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required).
- You must obtain an annual audit of these HHS/CDC funds (program-specific audit) by a U.S.-based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standard(s) approved in writing by HHS/CDC.
- A fiscal Recipient Capability Assessment may be required prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.
- Funds received from this announcement will not be used for the purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapine in Prevention of Mother-to-Child Transmission (PMTCT) cases and with prior written

approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.

- No funds appropriated under this act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

### **Prostitution and Related Activities**

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for



the purpose of a commercial sex act. 22 U.S.C. §  
7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. Government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document

(e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'") addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You may find guidance for completing your budget on the HHS/CDC web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

#### **IV.6. Other Submission Requirements**

##### **Application Submission Address:**

HHS/CDC strongly encourages you to submit electronically at: [www.grants.gov](http://www.grants.gov). You will be able to download a copy of the application package from [www.grants.gov](http://www.grants.gov), complete it offline, and then upload and submit the application via the Grants.gov site. We will not accept e-mail submissions. If you are having technical difficulties in Grants.gov, you may reach them by e-mail at [support@grants.gov](mailto:support@grants.gov), or by phone at 1-800-518-4726 (1-800-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that you submit your application to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. We must receive any such paper submission in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement.

You must clearly mark the paper submission: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic

and back-up paper submissions by the deadline, we will consider the electronic version the official submission.

We strongly recommend that you submit your grant application by using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. You may find directions for creating PDF files on the Grants.gov web site. Use of files other than Microsoft Office or PDF could make your file unreadable for our staff.

OR

Submit the original and two hard copies of your application by mail or express delivery service to the following address:

Technical Information Management - AA213  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341

## **V. Application Review Information**

### **V.1. Criteria**

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application, and they will be an element of evaluation.

We will evaluate your application against the following criteria:

1. Need (25 Points). To what extent does the applicant justify the need for this program within the target community?
2. Work Plan (20 Points). Does the applicant described strategies that are pertinent and match those identified in the five-year strategy of the President's Emergency Plan and activities that are evidence-based, realistic, achievable, measurable and culturally appropriate in Haiti to achieve the goals of the Emergency Plan? Is the plan adequate

to carry out the proposed objectives? How complete and comprehensive is the plan for the entire project period? Does the plan include quantitative process and outcome measures?

3. Monitoring, Evaluation and Reporting (20 points).

Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information? Does the plan include indicators developed for each program milestone and incorporated into the quarterly financial and programmatic reports? Are the indicators drawn from the Emergency Plan Indicator Guide? Will the system generate quarterly financial and program reports to show the disbursement of funds and progress towards achieving the objectives of the President's Emergency Plan?

4. Methods (15 Points). Are the proposed methods feasible? To what extent will they accomplish the numerical goals of the President's Emergency Plan? Does applicant demonstrate the capacity to expand existing HIV/AIDS programs and services throughout the country?

5. Personnel (15 Points). Do the staff members have appropriate experience, including local language

skills? Are the staff roles clearly defined? As described, will the staff be sufficient to accomplish the numerical goals of the President's Emergency Plan?

6. Budget and Justification (Reviewed, but not scored)

Is the proposed budget for conducting program activities itemized and well-justified? Is it consistent with the five-year strategy and goals of the President's Emergency Plan and Emergency Plan activities in Haiti?

**V.2. Review and Selection Process**

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.

A review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

### **V.3. Anticipated Announcement and Award Dates**

September 15, 2005

## **VI. Award Administration Information**

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management Officer will sign the NoA and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements**

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo/nara/cfr/cfr-table-search.html>



The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements

Applicants can find additional information on these requirements on the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

You need to include an additional Certifications form from the PHS 5161-1 application in your Grants.gov electronic submission only. Please refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once you have filled out the form, please attach it to your Grants.gov submission as Other Attachment Forms.

### **VI.3. Reporting Requirements**

You must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Semi-annual Progress Report, due not later than six (6) months after the beginning of the budget period.

This progress report must contain the following elements:

- a. Current Budget Period Activities, Objectives, and Progress.
- b. Current Budget Period Financial Progress.
- c. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Haiti.
- d. Additional Requested Information.

2. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
- b. Current Budget Period Financial Progress.
- c. New Budget Period Program Proposed Activity Objectives.
- d. Budget.
- e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Haiti.
- f. Additional Requested Information.

3. Annual progress report, due no more than 60 days after the end of the budget period. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Haiti.
4. Financial status report, due no more than 90 days after the end of the budget period.
5. Final financial and performance reports, no more than 90 days after the end of the project period.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

## **VII. Agency Contacts**

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341  
Telephone: 770-488-2700

For program technical assistance, contact:

Kathy Grooms

CDC Global AIDS Program

U.S. Department of Health and Human Services

1600 Clifton Road, NE, Mailstop E-04

Atlanta, GA 30333

Telephone: 404-639-8394

e-mail: Kgrooms@cdc.gov

For financial, grants management, or budget assistance,  
contact:

Vivian Walker, Grants Management Specialist

CDC Procurement and Grants Office

U.S. Department of Health and Human Services

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770/488-2724

E-mail: VEW4@CDC.GOV

#### **VIII. Other Information**

Applicants can find this and other HHS funding opportunity announcements on the HHS/CDC web site, Internet address: [www.cdc.gov](http://www.cdc.gov) (click on "Funding" then "Grants and Cooperative Agreements"), and on the web site of the HHS

Office of Global Health Affairs, Internet address:  
[www.globalhealth.gov](http://www.globalhealth.gov).

Dated:

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William P. Nichols, MPA

Director

Procurement and Grants Office

Centers for Disease Control

and Prevention

U.S. Department of Health and

Human Services